

Height _____ Weight ____

Riverbend Medical Center Regional Infusion Center (RIC) 3377 Riverbend Drive Suite 502/510 Springfield, Oregon 97477 Phone 541-222-6280 Fax 541-349-8006

RESLIZUMAB (Cinqair) INFUSION (v. 09/24/2024)

Medicatio	DNS:
•	Reslizumab 3 mg/kg/ dose in 50 mL 0.9% normal saline over 50 minutes every 4 weeks. Patient weight:kg. Use an infusion set with an in-line, low protein-binding filter (pore size of 0.2 micron). May round dose to nearest 100 mg if dose within 10% of calculated dose.
•	Normal saline 500 mL IV for line care flush following completion of infusion
Nursing c	ommunications:
	Vital signs: Initial and prn
•	Patient should be observed for an appropriate period after infusion. Prior to discharge, inform patients of the signs and symptoms of anaphylaxis and instruct them to seek immediate medical care if symptoms occur
Access:	
	Insert peripheral IV — Every visit, remove after IV administration complete
	Access & Use Central Line / CVAD
	 Initiate Central Line (Non-PICC) Maintenance Protocol Heparin, porcine (PF) 100 unit/mL flush 5 mL as needed for Port-a-Cath line care Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded
	Access & Use PICC
	 Initiate PICC Maintenance Protocol Normal saline flush 3 mL as needed for PICC/ Hickman line care Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded
Emergen	cy Medications: (May give emergency medications IM if IV route unavailable)
■ diapl	DiphenhydrAMINE (BENADRYL) 25 to 50 mg IV as needed for mild to moderate drug reactions (flushing, dizziness, headaches, noresis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritic).
mild 20 pc	Administer 25 mg IV once, if reaction does not resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg and contact provider. to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl). act provider if given.
20 pc	MethylPREDNISolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= bints in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl). act provider if given.
■ Avoid	Epinephrine 0.3 mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 mg luse of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given.
	Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.
ent name:	Provider printed name:
	Provider signature:

Date: _____ Time: ____